

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L12000045204

FILED
Oct 08, 2013
Secretary of State

Entity Name: A COASTAL INSURANCE AGENCY LLC

Current Principal Place of Business:

1290 HWY A1A
SUITE 207
SATELLITE BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

1290 HWY A1A
SUITE 207
SATELLITE BEACH, FL 32937

New Mailing Address:

FEI Number: 45-4941536

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GUIDO, BARBARA D
1290 HWY A1A
207
SATELLITE BEACH, FL 32937 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BARBARA D GUIDO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: GUIDO, BARBARA D
Address: 1290 HW A1A SUITE 207
City-St-Zip: SATELLITE BEACH, FL 32937

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BARBARA D GUIDO

MGR

10/08/2013

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date